B1 (Official Form 1)(04/13)										
	United S East			ruptcy Arkans					Voluntary	Petition
Name of Debtor (if individual, ento James Trice MD, PA	er Last, First,	Middle):			Name	of Joint De	ebtor (Spouse) (Last, First	, Middle):	
All Other Names used by the Debte (include married, maiden, and trade		3 years					used by the J maiden, and		in the last 8 years):	
Last four digits of Soc. Sec. or Indi (if more than one, state all) 71-0758882	ividual-Taxpa	yer I.D. (ITIN)/Com	plete EIN	Last fo	our digits o	f Soc. Sec. or	· Individual-	Taxpayer I.D. (ITIN) N	o./Complete EIN
Street Address of Debtor (No. and 7005 South Hazel Pine Bluff, AR	Street, City, a	nd State)	:	ZIP Code		Address of	Joint Debtor	(No. and St	reet, City, and State):	ZIP Code
County of Residence or of the Prin-	cipal Place of	Business		71603		y of Reside	ence or of the	Principal Pl	ace of Business:	Zii code
Mailing Address of Debtor (if diffe P.O. Box 25306 Little Rock, AR	erent from stre	eet addres	s):	ZIP Code		ng Address	of Joint Debt	or (if differe	nt from street address):	ZIP Code
Location of Principal Assets of Bus (if different from street address abo			005 S. Ha	72221						
(Form of Organization) (Check Individual (includes Joint Debte See Exhibit D on page 2 of this form Corporation (includes LLC and Partnership Other (If debtor is not one of the a check this box and state type of ent Professional Association Chapter 15 Debtors Country of debtor's center of main inter Each country in which a foreign proceed by, regarding, or against debtor is pend	ors) n. LLP) bove entities, ity below.) rests:	Sing in 1 Raili Stoc Com Clea Othe	Ith Care Bugle Asset Ref U.S.C. § Troad Exbroker Individual Bruzing Bank Bruzing Bruzing Bruzing Bank Bruzing Bank Bruzing Bank Bruzing Bru	eal Estate as 101 (51B)	e) ation ates	defined "incurr	er 7 er 9 er 11 er 12	Of Close Close Consumer debts, 101(8) as dual primarily	busin	eding Recognition
Filing Fee (C Full Filing Fee attached Filing Fee to be paid in installments attach signed application for the cordebtor is unable to pay fee except in Form 3A. Filing Fee waiver requested (applicattach signed application for the corde	s (applicable to urt's considerati n installments. l	individuals on certifyin Rule 1006(7 individua	ng that the b). See Officals only). Mu	ial Check is Check is B. A	Debtor is not if: Debtor's aggine less than all applicable A plan is bein Acceptances	a small busing regate nonco \$2,490,925 (each boxes: no filed with of the plan w	debtor as defir ness debtor as c ntingent liquida amount subject this petition.	defined in 11 Unated debts (exo		ee years thereafter).
Statistical/Administrative Inform ■ Debtor estimates that funds will □ Debtor estimates that, after any there will be no funds available	l be available exempt prop	erty is exc	cluded and	administrati		es paid,		THIS	S SPACE IS FOR COURT	USE ONLY
Estimated Number of Creditors	200-	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
Estimated Assets So to \$50,001 to \$100,001 to \$500,000 \$100,000 \$500,000	\$500,001 to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion			
Estimated Liabilities		\$1,000,001 to \$10	\$10,000,001 to \$50	\$50,000,001 to \$100	\$100,000,001 to \$500	\$500,000,001 to \$1 billion				

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B1 (Official For	rm 1)(04/13)		Page 2	
Voluntar	y Petition	Name of Debtor(s): James Trice MD, PA		
(This page mı	ust be completed and filed in every case)		•	
-	All Prior Bankruptcy Cases Filed Within Last	t 8 Years (If more than two,	attach additional sheet)	
Location Where Filed:	- None -	Case Number:	Date Filed:	
Location Where Filed:		Case Number:	Date Filed:	
Pe	ending Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If	more than one, attach additional sheet)	
Name of Debt - None -	tor:	Case Number:	Date Filed:	
District:		Relationship:	Judge:	
	Exhibit A	(To be completed if debtor is a	Exhibit B in individual whose debts are primarily consumer debts.)	
forms 10K a pursuant to s and is reque	pleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 esting relief under chapter 11.) A is attached and made a part of this petition.	I, the attorney for the petition have informed the petitione 12, or 13 of title 11, United	oner named in the foregoing petition, declare that I or that [he or she] may proceed under chapter 7, 11, States Code, and have explained the relief available further certify that I delivered to the debtor the notice (b).	
	Ext	<u>l</u> nibit C		
	or own or have possession of any property that poses or is alleged to a Exhibit C is attached and made a part of this petition.	pose a threat of imminent and i	identifiable harm to public health or safety?	
		nibit D		
_	pleted by every individual debtor. If a joint petition is filed, ea	-	d attach a separate Exhibit D.)	
If this is a join	D completed and signed by the debtor is attached and made untraction:	a part of this petition.		
_	D also completed and signed by the joint debtor is attached a	and made a part of this petiti	on.	
	Information Regardin	ng the Debtor - Venue		
	(Check any ap	oplicable box)		
	Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for			
	There is a bankruptcy case concerning debtor's affiliate, go	0 .		
	Debtor is a debtor in a foreign proceeding and has its print this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District.	s in the United States but is a	a defendant in an action or	
	Certification by a Debtor Who Reside (Check all app		al Property	
	Landlord has a judgment against the debtor for possession		x checked, complete the following.)	
	(Name of landlord that obtained judgment)			
	,			
	(Address of landlord)			
	Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment			
	Debtor has included with this petition the deposit with the after the filing of the petition.	court of any rent that would	become due during the 30-day period	
	Debtor certifies that he/she has served the Landlord with the	his certification. (11 U.S.C.	§ 362(l)).	

B1 (Official Form 1)(04/13) Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Jennifer M. Lancaster

Signature of Attorney for Debtor(s)

Jennifer M. Lancaster 2011178

Printed Name of Attorney for Debtor(s)

The Lancaster Law Firm

Firm Name

P.O. Box 1295 Benton, AR 72018

Address

Email: jennifer@thelancasterlawfirm.com

501-776-2224

Telephone Number

May 20, 2013

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

▼ /s/ James Trice MD

Signature of Authorized Individual

James Trice MD

Printed Name of Authorized Individual

President

Title of Authorized Individual

May 20, 2013

Date

Name of Debtor(s):

James Trice MD, PA

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

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Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

v	

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court Eastern District of Arkansas

In re	James Trice MD, PA	Case No.		
		Debtor(s)	Chapter	11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
AR Dept. of Finance & Admin. c/o Revenue Legal Counsel P.O. Box 1272 Room 2380 Little Rock, AR 72201	AR Dept. of Finance & Admin. c/o Revenue Legal Counsel P.O. Box 1272 Little Rock, AR 72201	941 taxes		8,000.00
Bailey & Thompson Accounting 8120 Flintridge Rd Little Rock, AR 72210	Bailey & Thompson Accounting 8120 Flintridge Rd Little Rock, AR 72210	Tax preparation		5,000.00
Hillcrest Investors Inc. 1600 Masters Club Drive Atlanta, GA 30350	Hillcrest Investors Inc. 1600 Masters Club Drive Atlanta, GA 30350	Surgical Building Location: 7005 S. Hazel Pine Bluff, AR 71603		938,000.00 (Unknown secured)
Home Bank of Arkansas P.O. Bank 307 Greenbrier, AR 72058	Home Bank of Arkansas P.O. Bank 307 Greenbrier, AR 72058	Fixtures, equipment, furniture, and accounts receivable for the business		61,534.60 (Unknown secured)
Internal Revenue Service CENTRALIZED INSOLVENCY P.O. Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service CENTRALIZED INSOLVENCY P.O. Box 7346 Philadelphia, PA 19101-7346	Taxes		95,167.87
Jason Barnhouse 1736 Sunshine, Ste 913 Springfield, MO 65804	Jason Barnhouse 1736 Sunshine, Ste 913 Springfield, MO 65804	Payroll Services		3,000.00
Jefferson County Collector 101 W Barraque St. Pine Bluff, AR 71601	Jefferson County Collector 101 W Barraque St. Pine Bluff, AR 71601	Propety Taxes		10,000.00
NCS 1075 Heathcliff Ln Marietta, GA 30067	NCS 1075 Heathcliff Ln Marietta, GA 30067	Surgical Building Location: 7005 S. Hazel Pine Bluff, AR 71603		276,681.65 (Unknown secured) (938,000.00 senior lien)

,	cial Form 4) (12/07) - Cont.			
In re	James Trice MD, PA		Case No.	
		Debtor(s)	_	

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Olympus America Inc. 3500 Corporate Parkway Center Valley, PA 18034	Olympus America Inc. 3500 Corporate Parkway Center Valley, PA 18034	Medical Equipment		108,129.02 (Unknown secured)
Simmons First National Bank 501 Main St. Pine Bluff, AR 71601	Simmons First National Bank 501 Main St. Pine Bluff, AR 71601	Accounts Receivable		160,000.00 (Unknown secured)
Simmons First National Bank 501 Main St. Pine Bluff, AR 71601	Simmons First National Bank 501 Main St. Pine Bluff, AR 71601	Assignment of New York Life Insurance Policy		56,000.00 (Unknown secured)
Workforce Services P.O. Box 143245 Salt Lake City, UT 84114	Workforce Services P.O. Box 143245 Salt Lake City, UT 84114	Business Insurance		3,000.00

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the President of the Professional Association named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date	May 20, 2013	Signature	/s/ James Trice MD
			James Trice MD
			President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

AR Dept. of Finance & Admin. c/o Revenue Legal Counsel P.O. Box 1272 Room 2380 Little Rock, AR 72201

Bailey & Thompson Accounting 8120 Flintridge Rd Little Rock, AR 72210

Davidson Law Firm Stephen L. Gershner P.O. Box 1300 Little Rock, AR 72203

Hillcrest Investors Inc. 1600 Masters Club Drive Atlanta, GA 30350

Home Bank of Arkansas P.O. Bank 307 Greenbrier, AR 72058

Internal Revenue Service CENTRALIZED INSOLVENCY P.O. Box 7346 Philadelphia, PA 19101-7346

Jason Barnhouse 1736 Sunshine, Ste 913 Springfield, MO 65804

Jefferson County Collector 101 W Barraque St. Pine Bluff, AR 71601

Lauer & Sletvold Attn: Jennifer R. Sletvold 701 Washington St. Easton, PA 18042

NCS 1075 Heathcliff Ln Marietta, GA 30067 Olympus America Inc. 3500 Corporate Parkway Center Valley, PA 18034

Simmons First National Bank 501 Main St. Pine Bluff, AR 71601

Triangle Bowel Medical Scie. 3014 Croasdaile Dr. Durham, NC 27705

Workforce Services P.O. Box 143245 Salt Lake City, UT 84114